



Hello and welcome to the first edition of the GRECC AdVAnces newsletter!

VHA's 20 GRECCs have been hard at work through 2020's pandemic on the front lines facilitating delivery of care to our Nation's older Veterans, educating VA staff about the unique care needs of older adults and conducting research on the COVID-19 virus and its impact on Americans nationwide.

Please enjoy this issue, which highlights GRECC accomplishments in research, education and clinical innovation and look for more news in future issues.



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Featured in this issue:

Research

Neuromodulation for Alzheimer's

Education and Evaluation

VA Geriatric Scholars Program

Clinical

Mentored Expansion of Coordinated Transitional Care

Neuromodulation for Alzheimer's

Dr. Prasad Padala has been researching ways to treat apathy, a profound loss of motivation, to improve Alzheimer's disease (AD). Apathy is linked to cognitive decline, functional impairment, and high caregiver burden. Padala and others have found that methylphenidate, a dopaminergic agent, improves apathy.¹ Given its side effects, non-pharmacological treatments are urgently needed.

Transcranial magnetic stimulation (rTMS) is a non-invasive neuromodulation that boosts dopamine in the prefrontal cortex. In a double-blind sham-controlled pilot study (N=20), Padala found a significant improvement in apathy, cognition and function with rTMS.² These effects were durable at 12 weeks. The main side effects were treatment-site discomfort and headaches.

Dr. Padala is currently leading an RRD funded merit grant to test if rTMS treatment of apathy during the mild cognitive impairment stage alters the trajectory of neurodegeneration.



1. Padala PR, Padala KP, Lensing SY, et al. Methylphenidate for apathy in community dwelling older veterans with mild Alzheimer's disease. *Am J Psychiatry*. 2018 Feb 1;175(2):159-168.
2. Padala PR, Boozer EM, Lensing SY, et al. Neuromodulation for Apathy in Alzheimer's Disease. *J Alzheimers Dis*. 2020 Aug 30. doi: 10.3233/JAD-200640.



VA Geriatric Scholars Program Award

The VA Geriatric Scholars Program – Psychology Track, received the 2020 Award for Excellence in Geropsychology Training from the [Council of Professional Geropsychology Training Programs \(CoPGTP\)](#), an international organization committed to the promotion of excellence in training and to supporting the development of high-quality training programs in professional geropsychology.



Council of Professional Geropsychology Training Programs

The Psychology Track was developed as an expansion of the [Geriatric Scholars Program](#), a national VA workforce training program led by Dr. B. Josea Kramer at the Greater Los Angeles GRECC and currently led by Drs. Rachel Rodriguez and Jay Gregg at the Durham VA Health Care System Mental and Behavioral Health Service and Dr. Christine Gould at the Palo Alto GRECC.

The primary goal of the Psychology Track is to enhance geropsychology competencies among psychologists who work in settings that serve predominantly older Veterans but who have little-to-no prior geropsychology training experience. To date, the primary course has been offered five times at VA Palo Alto and 105 VHA psychologists and 1 psychiatrist have participated.

Evaluations of the course have shown that Scholars have increased their confidence and knowledge in program management and four key areas of geropsychology, including general knowledge about adult development and aging, assessment, intervention and consultation.

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Coordinated Transitional Care (C-TraC)

The C-TraC program, created by Amy Kind, MD, PhD and Laury Jensen, RN, has decreased readmissions in VA and non-VA facilities by up to one-third. It is an evidence-based, RN-driven program specifically designed to meet VA's need for an inexpensive approach to transitional care. The C-TraC RN case manager provides more intensive care coordination, education and resources than is possible for a Primary Care RN.

Jenny Driver, MD, MPH and Sherry Clement, RN (New England GRECC) received GEC Mentored Partnership funding to implement C-TraC at VA Boston Healthcare System. Compared to carefully matched controls, Veterans with CHF and COPD who received C-TraC were half as likely to be readmitted, and the program saved a net of \$1,842 in total VA costs per Veteran. In turn, the Boston team mentored a team in Grand Junction, CO, who have now enrolled over 150 Veterans.

Boston and Madison GRECCs worked together to define a new "Supportive" C-TraC pathway to meet the needs of Veterans nearing the end-of-life but not enrolled in Hospice.



During the first COVID surge, VA Boston adapted its C-TraC programs into an intensive home monitoring program for Veterans with COVID, further illustrating the adaptability of RNs trained in this model of care. [C-TraC protocols and toolkits](#) are publicly available. Contact [Dr. Driver](#) to learn more.

